

ALASKA PIONEER HOME		P&P No: 04.08
Title: Health Care Services		Approval: D. COTÉ
Key Words: Skilled Nursing, On-Report, Emergency, Outside Agencies, First Aid Kit		
Team: Nursing, Social Worker, Admin.	Effective Date: 8/1/12	Page: 1 of 7

PURPOSE

To describe health care services provided for the Alaska Pioneer Home (AKPH) residents by the Home staff and outside agencies.

POLICY

The Pioneer Homes ensure the provision of interdisciplinary clinical services for the residents through assessment and documentation of needed services.

DEFINITIONS

Skilled home health nursing care is the provision of intermittent skilled services to a resident in the Home for the purpose of restoring and maintaining the maximal level of function and health. These services are in lieu of hospitalization, confinement in a skilled nursing facility, or going outside the Home for the services.

Medical emergency is an unusual, unpredicted, abrupt event which may result in serious harm or death without immediate medical intervention.

Conscious choking maneuver (Heimlich maneuver) is used if the victim is choking and responsive but cannot speak or make verbal sounds. The maneuver quickly pushes air from the victim's lungs, forcing out the blocking object, like a cork from a bottle.

CPR or cardiopulmonary resuscitation is a combination of rescue breathing and chest compressions delivered to victims thought to be in cardiac arrest. When cardiac arrest occurs, the heart stops pumping blood. CPR can support a small amount of blood flow to the heart and brain to 'buy time' until normal heart function is restored.

PROCEDURE

I. AKPH Resident Services

- A. The Pioneer Homes provide intermittent nursing services to a resident who does not require 24-hour nursing services.
 1. These services are provided by a licensed nurse or by a certified nurse aide (CNA) who has been delegated the nursing task.

AKPH P&P No. 04.08	Effective Date: 8/1/12	Page: 2 of 7
Title: Health Care Services		

2. Skilled nursing services are not provided by the AKPH nursing staff.
 3. Intermittent skilled nursing services that don't require 24-hour monitoring are provided by agencies outside the Home.
 - a. Skilled nursing services are ordered by the resident's physician and paid by medical insurance.
 - b. Skilled nursing services are provided by home health agencies and therapy agencies.
 - 1) Home health provides services, such as wound management and respiratory care.
 - 2) Rehabilitation therapy includes physical therapy, occupational therapy, and speech therapy.
 - 3) Care that requires 24-hour monitoring of tubes and drains is not performed in the Pioneer Homes.
 4. Skilled hospice nursing for a terminally ill resident is provided by an outside agency.
 - a. Hospice nurses visit the resident regularly and provide comfort measures and medications.
- B. A plan of care is established and maintained for each resident.
1. Assessments that form the plan of care:
 - a. Admission and pre-admission.
 - b. Interdisciplinary team.
 - c. Health care practitioner or provider.
 2. The plan of care is revised based on resident needs.
 - a. Annually or semi-annually for Level 1 residents.
 - b. Quarterly revisions for Level 2 and Level 3 residents.
 3. A summary of the plan of care and goals is sent to the primary care provider for input.
 4. The plan of care is shared with the resident and/or the representative.
- C. AKPH resident is *On-Report* for a clinically significant event or symptom.
1. *On-Report* status indicates that a resident needs close clinical monitoring and documentation by the nursing staff.
 2. *On-Report* time period for events or symptoms include:
 - a. Admission to a Pioneer Home, 72 hours.
 - b. Return from acute care hospital, out-patient surgery procedure, or emergency room visit, 48-72 hours.
 - c. Fall, 24-72 hours.
 - d. Skin integrity impairment, wound monitoring, new break in skin, redness and discoloration, until resolved.
 - e. Acute illness.

AKPH P&P No. 04.08	Effective Date: 8/1/12	Page: 3 of 7
Title: Health Care Services		

- f. Behaviors that are unusual or a problem that pose a safety risk, 24-72 hours.
 - g. Other such as a nurse concern or a safety risk.
 - 3. Nurse determines the length of time a resident is *on-report*.
 - a. Time is based on the assessment and clinical findings at the time the resident is placed *on-report* status.
 - b. Length of time is 24-72 hours or until the condition resolves.
 - 4. Licensed nurse enters a progress note about the *on-report* resident at least daily, and includes:
 - a. Resident's current status and condition,
 - b. Nursing interventions, and
 - c. Resident's response to the interventions.
 - 5. Resident is removed from the *on-report* status:
 - a. Nursing determines that the resident does not meet the criteria for *on-report*.
 - b. Rationale for removing resident from *on-report* is entered in the progress notes.
 - c. Care plan is adjusted.
- D. Emergency services
 - 1. AKPH staff alerts nurse and assists residents during health emergencies.
 - a. Nurse provides:
 - 1) Basic first aid.
 - 2) Conscious choking maneuver for choking.
 - 3) CPR (cardio pulmonary resuscitation) for breathing, heart beat.
 - 4) An alert to paramedics (call 911) for advanced first aid and hospital transport.
 - b. Any staff member who is trained in the conscious choking maneuver and CPR can assist a resident or staff in an emergency situation.
 - c. Document and notify
 - 1) Advance directives accompany resident who is taken from the Home.
 - 2) Social worker, administrator, or nurse notifies the resident's family or representative about the emergency.
 - 3) Report the emergency and document:
 - a) Condition of resident when they left the Home.
 - b) Where the resident was taken.
 - c) How to contact the facility where the resident was taken.
 - 4) Notify the resident's physician who has been treating the condition.
 - 5) Care staff who participated in the emergency documents their assessment and interventions in the resident's medical records.
 - 2. Poisoning or overdose

Title: Health Care Services

- a. Call 911.
 - b. Call Poison Control Center for advice.
 - c. Induce vomiting if instructed to do so.
- E. The interdisciplinary team (IDT) meets to discuss resident treatments.
 - 1. Resident's response to treatment is reviewed at intervals.
 - 2. IDT discusses a room or neighborhood change, if needed.
 - 3. IDT review is documented in the resident's health file.
- F. Medical evaluations are performed annually and as needed.
 - 1. The following items are assembled for the health care practitioner or provider's review:
 - a. History and physical.
 - b. Care plan summary and goals.
 - c. Medication list.
 - d. Drug and food allergies.
 - e. Immunization status.
 - f. Request for seasonal flu vaccine.
 - g. Functional status.
 - h. Other health care information.
 - i. Current dietary orders.
- G. Dietary services
 - 1. Services are directed by a full-time dietary supervisor, with consultation from a registered dietitian (RD).
 - a. Diet history is completed within 14 days of admission by a food service member.
 - b. Nutritional needs are identified by the registered nurse (RN) in the MPAF assessment.
 - c. Nutritional needs are addressed in the resident's care plan.
 - d. A referral to the RD is made at any time.
 - 2. Type of diet is ordered by the physician; change in consistency of diet is determined by the licensed nurse.
- H. Medication therapy is monitored.
 - 1. Licensed staff monitors and documents therapy outcome in the medical record.
 - 2. Lack of progress toward therapy goals is communicated by the nurse to the health care practitioner or provider.
 - 3. Pharmacy and nursing staff work collaboratively with the practitioner or provider to ensure positive outcomes.

Title: Health Care Services

4. Specific monitors for drug therapy are used by the nurse to identify untoward effects or lack of progress toward the goals.
 5. Monitors include:
 - a. Monthly weights and vital signs.
 - b. Oxygen saturation for oxygen therapy.
 - c. Apical pulse for digitalis administration.
 - d. Blood pressures for anti-hypertensive.
 - e. Blood glucose testing for insulin.
 - f. Behavior monitoring for psychotropic drugs.
 6. Parameters are based on therapeutic guidelines or those identified by the resident's practitioner or physician.
- I. Pharmacy staff reviews resident medications
1. Quarterly reviews.
 2. Summary report of the review is presented at the Pharmacy Quality Assurance meeting.
 3. Summary report is also sent to the Home administrator and nurse manager.
 - a. The nurse manager is responsible for the oversight of the pharmacy recommendations.
 4. The licensed nurse reviews individual resident reports.

II. Outside Agencies and Individuals who Provide Resident Services

- A. Types of service agencies
1. Acute care hospital may be ordered by the resident's physician for acute illness.
 - a. The nurse performs an assessment and consults the practitioner or physician for orders.
 - b. Residents requiring emergency medical attention are evaluated at the emergency room of the local hospital.
 2. Home health comes to the Homes to provide skilled nursing procedures for the residents.
 3. Rehabilitation therapy comes to the Homes to provide skilled therapy for the residents.
 - a. Physical therapy.
 - b. Occupational therapy.
 - c. Speech therapy.
 4. Dental care outside the Homes.
 5. Optometry care outside the Homes.
 6. Audiology care outside the Homes.
 7. Podiatry services are offered in the Homes at times.

8. Behavioral health services outside the Homes.

III. First Aid Kit

- A. Per Alaska Administrative Code (7 AAC 10.1075):
 1. The Homes post (or make readily available) first aid procedures.
 2. The Homes post current emergency telephone numbers, including poison control center, near one or more telephones in the Home.
 3. The Home maintains:
 - a. At least one first aid kit that is kept at the Home, *and*
 - b. At least one additional first aid kit for outings away from the Home.
- B. The Home first aid kits
 1. Contains items that are checked regularly for contents and to ensure that the expiration dates are not exceeded.
 2. Stores items within a container that holds all the items.
 3. Is restocked after each use to ensure compliance.
 4. Includes at least the following items:
 - a. Disposable gloves, non-porous and non-latex
 - b. Alcohol wipes in sealed packages or antiseptic for cleaning thermometer
 - c. Scissors
 - d. Tweezers
 - e. Thermometer
 - f. Adhesive bandages
 - g. Bandage tape
 - h. Sterile gauze pads
 - i. Flexible roller gauze
 - j. Triangular bandages
 - k. Safety pins
 - l. Eye dressing
 - m. Note pad and pen or pencil
 - n. Activated charcoal
 - 1) Used under the direction of a poison control or medical professional.
 - o. Cold pack
 - p. American Red Cross standard first aid text, or equivalent
 - q. CPR barrier device or mask
 - r. Poison Control Center phone number
 - s. Potable water
 - t. Splints
 - u. Soap
 - v. Flashlight that works

HISTORY OF REVISIONS

New: 1/1/12

Revised: 3/15/12; 7/20/12

Reviewed: 3/15/12

ATTACHMENTS

REFERENCES

AS 47.33.020, 7 AAC 75.210, 7 AAC 75.290, 7 AAC 10.1075